

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075447

FILED
Sep 03, 2009
Secretary of State

Entity Name: XMADA PERSONAL FITNESS, INC. "STAY FIT FOR LIFE"

Current Principal Place of Business:

320 S FLAMINGO RD SUITE 189
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

320 S FLAMINGO RD SUITE 189
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 26-0805128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, ANGELA
425 SW 113TH WAY
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

ANDREWS, ANGELA
425 SW 113TH WAY
PEMBROKE PINES, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGELA ANDREWS

09/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: ANDREWS, ANGELA
Address: 425 SW 113TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: EDMONDS,, OLIVIA
Address: 425 SW 113TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: EDMONDS,, WILLIE
Address: 425 SW 113TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA & WILLIE EDMONDS

VP

09/03/2009

Electronic Signature of Signing Officer or Director

Date